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CONFIRMATION NO. 8408

<b>SERIAL NUMBER</b> 09/786,235	<b>FILING OR 371(c) DATE</b> 09/30/2004 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1651	<b>ATTORNEY DOCKET NO.</b> 1038-1129 MIS:jb
<b>APPLICANTS</b> Diane M. Gajewczyk, Ontario, CANADA; Roy Persson, Ontario, CANADA; Fei-Long Yao, Ontario, CANADA; Shi-Xian Cao, Ontario, CANADA; Michel H. Klein, Ontario, CANADA; James Tartaglia, Ontario, CANADA; Phillipe Moingeon, St. Jean F-Pommiers, FRANCE; Benjamin Royinski, Ontario, CANADA;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/CA99/00807 09/03/1999				
<b>** FOREIGN APPLICATIONS *****</b> UNITED STATES OF AMERICA 60099291 09/04/1998				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> CANADA	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 13
				<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 24223 AIR MAIL				
<b>TITLE</b> Treatment of cervical cancer				
<b>FILING FEE RECEIVED</b> 1130	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	